

Dependency Override

Name _____ **ID#** _____

On your 2024-2025 FAFSA you have stated yes to one of the following items below, which has made you independent. **You will need to provide proof for the highlighted item below within 60 days of enrolling in classes.** If this information is not correct please go back onto the FAFSA and change the answer from yes to no and input all parent information, income, and parent signature. If you previously provided the documentation proving your independence please contact our office. **If we do not receive the**